



Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**120.00****Complete if Known**Application Number **09/619,037**Filing Date **07/19/2000**First Named Inventor **Boswell et al.**Examiner Name **T.R. Peyton**Art Unit **2182**Attorney Docket No. **TT3509****METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
Account
Number
Deposit
Account
Name**23-2426****Winstead Sechrest & Minick PC**

The Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify): _____**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity	Fee Paid(\$)
		Fee (\$)	
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity
		Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**_____ - 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**_____ - 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3**Multiple Dependent Claims** **Fee (\$)** **Fee Paid (\$)****Subtotal (2) \$****3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity	Fee Paid(\$)
		Fee (\$)	
1-month extension of time	120	60	120
2-month extension of time	450	225	
3-month extension of time	1,020	510	
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	
Other:			

Subtotal (3) \$ 120.00**SUBMITTED BY**

Signature

Registration No.
(Attorney/Agent)**36.571**Telephone **512.370.2851**

Name (Print/Type)

Kelly K. KordzikDate **06/06/2005**

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



2182 \$
TRV

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/619,037	
	Filing Date	7/19/2000	
	First Named Inventor	Charles Boswell	
	Art Unit	2182	
	Examiner Name	T. R. Peyton	
Total Number of Pages in This Submission	5	Attorney Docket Number	TT3509

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Winstead Sechrest & Minick P.C.		
Signature			
Printed name	Kelly K. Kordzik		
Date	06/06/2005	Reg. No.	36,571

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Toni Stanley	Date	06/06/2005

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